



## Fiscal Edit Criteria Proposal

Drug/Drug Class: **Dose Optimization Fiscal Edit**  
Modification Date: **April 25, 2007**  
Prepared for: **MO HealthNet Division**  
Prepared by: **Heritage Information Systems, Inc.**

☐ **New Criteria**

☒ **Revision of Existing Criteria**

### Executive Summary

**Purpose:** Reduces the utilization of drug therapies that comprise of multiple units of lower strength dosage forms, when single units of higher strength dosage forms deliver the same drug therapy, with lower cost to the program.

**Why was this Issue Selected:** Cost savings can be achieved without recommending changes to the prescribed drug or the daily dose through optimization of the drug. Identifying situations where lower strength combination products are more costly per day than selecting the single-unit, higher-strength form of the same product. We will not require pill splitting.

<b>Program-specific information:</b>	<b>Drug</b>	<b>Claims</b>	<b>Expense</b>
	NA	NA	NA

**Setting & Population:** Patients with prescription claims of drug products under review.

**Type of Criteria:**

<input type="checkbox"/> Increased risk of ADE	<input type="checkbox"/> Non-Preferred Agent
<input checked="" type="checkbox"/> Appropriate Utilization	<input type="checkbox"/>

**Data Sources:**

<input checked="" type="checkbox"/> Only administrative databases	<input type="checkbox"/> Databases + Prescriber-supplied
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## Approval Criteria

### Drugs Therapies Currently Under Edit: (Bolded items are New)

<u>Drug Product</u>	<u>Generic Name</u>	<u>Strength</u>	<u>Dose Optimization Calculation</u>
Aceon	perindopril erbumine	2 mg	Deny dosing more frequently than 2/d
Aceon	perindopril erbumine	4 mg	Deny dosing more frequently than 2/d
Aceon	perindopril erbumine	8 mg	Deny dosing more frequently than 1/d
Aciphex	Rabeprazole	20mg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	200 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	400 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	600 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	800 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	1200 mcg	Deny dosing more frequently than 4/d
Actiq	fentanyl citrate	1600 mcg	Deny dosing more frequently than 4/d
<b>ActoPlus Met</b>	<b>pioglitazone HCl/metformin HCl</b>	<b>15 mg/500 mg</b>	<b>Deny dosing more frequently than 3/d</b>
<b>ActoPlus Met</b>	<b>pioglitazone HCl/metformin HCl</b>	<b>15 mg/850 mg</b>	<b>Deny dosing more frequently than 3/d</b>
<b>Actos</b>	<b>pioglitazone HCl</b>	<b>15 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Actos</b>	<b>pioglitazone HCl</b>	<b>30 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Actos</b>	<b>pioglitazone HCl</b>	<b>45 mg</b>	<b>Deny dosing more frequently than 1/d</b>
Aloxi	palonosetron	0.25mg/5ml	Deny dosing more frequently than 5ml/day
Altace	ramipril	1.25 mg	Deny dosing more frequently than 1/d
Altace	ramipril	2.5 mg	Deny dosing more frequently than 1/d
Altace	ramipril	5 mg	Deny dosing more frequently than 1/d
Altace	ramipril	10 mg	Deny dosing more frequently than 2/d
<b>Amaryl</b>	<b>glimepiride</b>	<b>1 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Amaryl</b>	<b>glimepiride</b>	<b>2 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Amaryl</b>	<b>glimepiride</b>	<b>4 mg</b>	<b>Deny dosing more frequently than 2/d</b>
Ambien	zolpidem tartrate	5 mg	Deny dosing more frequently than 1/d
Ambien	zolpidem tartrate	10 mg	Deny dosing more frequently than 1/d
Anzemet	dolasetron mesylate	50mg	Deny dosing more frequently than 1/d
Anzemet	dolasetron mesylate	100mg	Deny dosing more frequently than 1/d
Aricept	donepezil HCl	5mg	Deny dosing more frequently than 1/d
Aricept	donepezil HCl	10mg	Deny dosing more frequently than 1/d
Atacand	candesartan cilexetil	4 mg	Deny dosing more frequently than 1/d
Atacand	candesartan cilexetil	8 mg	Deny dosing more frequently than 2/d
Atacand	candesartan cilexetil	16 mg	Deny dosing more frequently than 1/d
Atacand	candesartan cilexetil	32 mg	Deny dosing more frequently than 1/d
<b>Avandamet</b>	<b>rosiglitazone/metformin HCl</b>	<b>2 mg/1000 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandamet</b>	<b>rosiglitazone/metformin HCl</b>	<b>2 mg/500 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Avandamet</b>	<b>rosiglitazone/metformin HCl</b>	<b>4mg/500 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandamet</b>	<b>rosiglitazone/metformin HCl</b>	<b>4 mg/1000 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandaryl</b>	<b>rosiglitazone maleate/glimepiride</b>	<b>4 mg/1 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandaryl</b>	<b>rosiglitazone maleate/glimepiride</b>	<b>4 mg/2 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandaryl</b>	<b>rosiglitazone maleate/glimepiride</b>	<b>4 mg/4 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Avandia</b>	<b>rosiglitazone maleate</b>	<b>2 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandia</b>	<b>rosiglitazone maleate</b>	<b>4 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Avandia</b>	<b>rosiglitazone maleate</b>	<b>8 mg</b>	<b>Deny dosing more frequently than 2/d</b>
Avapro	irbesartan	75 mg	Deny dosing more frequently than 1/d
Avapro	irbesartan	150 mg	Deny dosing more frequently than 1/d
Avapro	irbesartan	300 mg	Deny dosing more frequently than 1/d
Axid	nizatidine	150 mg	Deny dosing more frequently than 2/d
Axid	nizatidine	300 mg	Deny dosing more frequently than 2/d
Celebrex	celecoxib	100mg	Deny dosing more frequently than 2/d
Celebrex	celecoxib	200mg	Deny dosing more frequently than 2/d

Celebrex	celecoxib	400mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	10 mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	20 mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	40 mg	Deny dosing more frequently than 1/d
Claritin	loratadine	10 mg	Deny dosing more frequently than 1/d
Claritin Redi-Tab	loratadine	10 mg	Deny dosing more frequently than 1/d
Duragesic	fentanyl	12mcg/hr	Deny dosing more frequently than 1/d
Duragesic	fentanyl	25mcg/hr	Deny dosing more frequently than 1/d
Duragesic	fentanyl	50mcg/hr	Deny dosing more frequently than 1/d
Duragesic	fentanyl	75mcg/hr	Deny dosing more frequently than 1/d
Duragesic	fentanyl	100mcg/hr	Deny dosing more frequently than 1/d
Effexor XR	venlafaxine HCl	37.5 mg	Deny dosing more frequently than 1/d
Effexor XR	venlafaxine HCl	75 mg	Deny dosing more frequently than 3/d
Effexor XR	venlafaxine HCl	150 mg	Deny dosing more frequently than 2/d
<b>Fentora</b>	<b>fentanyl buccal</b>	<b>100 mcg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Fentora</b>	<b>fentanyl buccal</b>	<b>200 mcg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Fentora</b>	<b>fentanyl buccal</b>	<b>400 mcg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Fentora</b>	<b>fentanyl buccal</b>	<b>600 mcg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Fentora</b>	<b>fentanyl buccal</b>	<b>800 mcg</b>	<b>Deny dosing more frequently than 4/d</b>
Fosamax	alendronate sodium	5 mg	Deny dosing more frequently than 1/d
Fosamax	alendronate sodium	10 mg	Deny dosing more frequently than 1/d
Fosamax	alendronate sodium	40 mg	Deny dosing more frequently than 1/d
<b>Glucophage XR</b>	<b>metformin HCl</b>	<b>500 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Glucophage XR</b>	<b>metformin HCl</b>	<b>750 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Glucotrol XL</b>	<b>glipizide</b>	<b>10 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Glucotrol XL</b>	<b>glipizide</b>	<b>2.5 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Glucotrol XL</b>	<b>glipizide</b>	<b>5 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Glucovance</b>	<b>glyburide/metformin HCl</b>	<b>5 mg/500 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Glucovance</b>	<b>glyburide/metformin HCl</b>	<b>1.25 mg/250 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Glucovance</b>	<b>glyburide/metformin HCl</b>	<b>2.5 mg/500 mg</b>	<b>Deny dosing more frequently than 2/d</b>
<b>Glynase Prestab</b>	<b>glyburide, micronized</b>	<b>1.5 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Glynase Prestab</b>	<b>glyburide, micronized</b>	<b>3 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Glynase Prestab</b>	<b>glyburide, micronized</b>	<b>6 mg</b>	<b>Deny dosing more frequently than 2/d</b>
Kytril	granisetron HCl	1mg	Deny dosing more frequently than 2/d
Kytril	granisetron HCl	1mg/5ml	Deny dosing more frequently than 10ml/d
Lexapro	escitalopram oxalate	10mg	Deny dosing more frequently than 1/d
Lexapro	escitalopram oxalate	20mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	10 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	20 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	40 mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin calcium	80 mg	Deny dosing more frequently than 1/d
Lotronex	alosetron HCl	0.5mg	Deny dosing more frequently than 2/d
Lotronex	alosetron HCl	1mg	Deny dosing more frequently than 2/d
Luvox	fluvoxamine maleate	25 mg	Deny dosing more frequently than 1/d
Luvox	fluvoxamine maleate	50 mg	Deny dosing more frequently than 1/d
Luvox	fluvoxamine maleate	100 mg	Deny dosing more frequently than 3/d
<b>Metaglip</b>	<b>glipizide/metformin HCl</b>	<b>5 mg/500 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Metaglip</b>	<b>glipizide/metformin HCl</b>	<b>2.5 mg/250 mg</b>	<b>Deny dosing more frequently than 1/d</b>
<b>Metaglip</b>	<b>glipizide/metformin HCl</b>	<b>2.5 mg/500 mg</b>	<b>Deny dosing more frequently than 4/d</b>
Micardis	telmisartan	20 mg	Deny dosing more frequently than 1/d
Micardis	telmisartan	40 mg	Deny dosing more frequently than 1/d
Micardis	telmisartan	80 mg	Deny dosing more frequently than 1/d
Nexium	esomeprazole	20mg	Deny dosing more frequently than 4/d
Nexium	esomeprazole	40mg	Deny dosing more frequently than 4/d

Norvasc	amlodipine besylate	2.5 mg	Deny dosing more frequently than 1/d
Norvasc	amlodipine besylate	5 mg	Deny dosing more frequently than 1/d
Norvasc	amlodipine besylate	10 mg	Deny dosing more frequently than 1/d
Oxycontin	oxycodone HCl	10 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	20 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	40 mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone HCl	80 mg	Deny dosing more frequently than 10/d
Paxil	paroxetine HCl	10 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	20 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	30 mg	Deny dosing more frequently than 1/d
Paxil	paroxetine HCl	40 mg	Deny dosing more frequently than 2/d
Paxil CR	paroxetine HCl	12.5 mg	Deny dosing more frequently than 1/d
Paxil CR	paroxetine HCl	25 mg	Deny dosing more frequently than 1/d
Paxil CR	paroxetine HCl	37.5 mg	Deny dosing more frequently than 2/d
Pepcid	famotidine	20mg	Deny dosing more frequently than 1/d
Pepcid	famotidine	40mg	Deny dosing more frequently than 2/d
Pexeva	paroxetine mesylate	10mg	Deny dosing more frequently than 1/d
Pexeva	paroxetine mesylate	20mg	Deny dosing more frequently than 1/d
Pexeva	paroxetine mesylate	30mg	Deny dosing more frequently than 1/d
Pexeva	paroxetine mesylate	40mg	Deny dosing more frequently than 2/d
<b>Prandin</b>	<b>repaglinide</b>	<b>0.5 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Prandin</b>	<b>repaglinide</b>	<b>1 mg</b>	<b>Deny dosing more frequently than 4/d</b>
<b>Prandin</b>	<b>repaglinide</b>	<b>2 mg</b>	<b>Deny dosing more frequently than 8/d</b>
Pravachol	pravastatin sodium	10 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	20 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	40 mg	Deny dosing more frequently than 1/d
Pravachol	pravastatin sodium	80 mg	Deny dosing more frequently than 1/d
Prevacid	lanzaprazole	15mg	Deny dosing more frequently than 4/d
Prevacid	lanzaprazole	30mg	Deny dosing more frequently than 4/d
Prilosec	omeprazole	10mg	Deny dosing more frequently than 4/d
Prilosec	omeprazole	20mg	Deny dosing more frequently than 4/d
Prilosec	omeprazole	40mg	Deny dosing more frequently than 4/d
Prilosec OTC	omeprazole	20mg	Deny dosing more frequently than 4/d
Protonix	pantoprazole	20mg	Deny dosing more frequently than 4/d
Protonix	pantoprazole	40mg	Deny dosing more frequently than 4/d
Prozac Weekly	fluoxetine HCl	90 mg	Deny dosing more frequently than 1/week
Relafen	Nabumetone	500mg	Deny dosing more frequently than 4/d
Relafen	Nabumetone	750mg	Deny dosing more frequently than 2/d
Remeron	mirtazapine	15 mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	30 mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	45 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	15 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	30 mg	Deny dosing more frequently than 1/d
Remeron SolTab	mirtazapine	45 mg	Deny dosing more frequently than 1/d
Risperdal Consta	Risperidone Microspheres	25mg Syringe	Deny dosing more frequently than 0.072/d*
Risperdal Consta	Risperidone Microspheres	37.5mg Syringe	Deny dosing more frequently than 0.072/d
Risperdal Consta	Risperidone Microspheres	50mg Syringe	Deny dosing more frequently than 0.072/d
Singulair	montelukast sodium	10 mg	Deny dosing more frequently than 1/d
Sular	nisoldipine	10 mg	Deny dosing more frequently than 1/d
Sular	nisoldipine	20 mg	Deny dosing more frequently than 1/d
Sular	nisoldipine	30 mg	Deny dosing more frequently than 2/d
Sular	nisoldipine	40 mg	Deny dosing more frequently than 1/d
Tagamet	cimetidine	200 mg	Deny dosing more frequently than 1/d
Tagamet	cimetidine	300 mg	Deny dosing more frequently than 2/d

Tagamet	cimetidine	400 mg	Deny dosing more frequently than 1/d
Tagamet	cimetidine	800 mg	Deny dosing more frequently than 3/d
Ultracet	Tramadol HCl/Acetaminophen	37.5mg/325mg	Deny dosing more frequently than 8/d
Ultram	tramadol HCl	50 mg	Deny dosing more frequently than 8/d
Univasc	moexipril HCl	7.5 mg	Deny dosing more frequently than 1/d
Univasc	moexipril HCl	15 mg	Deny dosing more frequently than 2/d
Zantac	ranitidine	150 mg	Deny dosing more frequently than 2/d
Zantac	ranitidine	300 mg	Deny dosing more frequently than 2/d
Zelnorm	tegaserod maleate	2 mg	Deny dosing more frequently than 2/d
Zelnorm	tegaserod maleate	6 mg	Deny dosing more frequently than 2/d
Zestoretic	lisinopril-HCTZ	10-12.5 mg	Deny dosing more frequently than 1/d
Zestoretic	lisinopril-HCTZ	20-25 mg	Deny dosing more frequently than 1/d
Zofran	ondansetron HCl	4mg	Deny dosing more frequently than 3/d
Zofran	ondansetron HCl	8mg	Deny dosing more frequently than 3/d
Zofran	ondansetron HCl	24mg	Deny dosing more frequently than 1/d
Zofran	ondansetron HCl	4mg/5ml	Deny dosing more frequently than 30ml/d
Zofran ODT	ondansetron HCl	4mg	Deny dosing more frequently than 3/d
Zofran ODT	ondansetron HCl	8mg	Deny dosing more frequently than 3/d
Zoloft	sertraline HCl	25 mg	Deny dosing more frequently than 1/d
Zoloft	sertraline HCl	50 mg	Deny dosing more frequently than 1/d
Zoloft	sertraline HCl	100 mg	Deny dosing more frequently than 2/d
Zyrtec	cetirizine HCl	5 mg	Deny dosing more frequently than 1/d
Zyrtec	cetirizine HCl	10 mg	Deny dosing more frequently than 1/d

Calculation of 0.072 is equal to 1 unit / 14 days, or 2 units per 28 days.

## Denial Criteria

Claim for the edited product that exceeds the daily limitation will post a denial.

## Required Documentation

Laboratory results:  
MedWatch form:


Progress notes:


## Disposition of Edit

- **Denial:** Exception 234 "Dose Optimization"